

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature x <u>Laine Clark</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) <u>Laine Clark</u> C. Date of Delivery <u>11/14/06</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <u>06 CV 1008</u> <u>SLC</u>	
1. Article Addressed to: BFS Retail and Commercial Operations c/o National Registered Agents, Inc. 150 South Perry Street Montgomery, AL 36104		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7000 1670 0011 9421 7235</u>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to: Bridgestone Firestone North American c/o National Registered Agents, Inc. 150 South Perry Street Montgomery, AL 36104		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7000 1670 0011 9421 7228</u>			
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1. Article Addressed to: Bridgestone Americas Holdings, Inc. c/o National Registered Agents, Inc. 150 South Perry Street Montgomery, AL 36104		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7000 1670 0011 9421 7211</u>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	